

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39140

Do not use this space.

1. PLACE OF DEATH

(a) County.....

Registration District No.

(b) Township.....

Primary Registration District No.

(c) City.....

(d) Street No.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.

St.

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female	4. COLOR OR RACE Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John J. Cahill		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1859		
7. AGE 78	YEARS 7	MONTHS 29
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
13. NAME Patrick Fallon		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Mary Bell		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT (ADDRESS) Mrs. Edith McCarthy 5532 Rosa Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 2, 1937		
19. FUNERAL DIRECTOR (ADDRESS) Chas. F. Stuart 1235 Union Blvd.		
20. FILER NOV 1 1937 J. F. Bredeck Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 30, 1937**

22. I HEREBY CERTIFY That I attended deceased from **2/1** to **Oct 30**, 1937

I last saw her alive on **Oct 30**, 1937. Death is said to have occurred on the date stated above, at **11 A.** m.

The principal cause of death and related causes of importance were as follows:

Malignant Tumor (Carcinoma) of Uterus
Diabetes Mellitus

Other contributory causes of importance:

Name of operation **None** Date of _____

What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify _____

(Signed) **Dr. W. B. Ryan**, M. D.

(Address) **Mo. Theater Bldg.**

28150206

STATEMENT BY LICENSED EMBALMER

I, Bernard A. J. Stuart, Licensed Embalmer No. 3500
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed Bernard A. J. Stuart
Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)